

EXHIBIT 83

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

STATES OF NEW YORK,
MASSACHUSETTS,
WASHINGTON, COLORADO,
CONNECTICUT, DELAWARE,
DISTRICT OF COLUMBIA,
HAWAII, ILLINOIS, IOWA, NEW
MEXICO, NORTH CAROLINA,
OREGON, PENNSYLVANIA,
RHODE ISLAND, VERMONT, and
VIRGINIA,

Plaintiffs,

v.

DONALD TRUMP, in his official
capacity as President of the United
States; U.S. DEPARTMENT OF
HOMELAND SECURITY; ELAINE
C. DUKE, in her official capacity; U.S.
CITIZENSHIP AND IMMIGRATION
SERVICES; U.S. IMMIGRATION
AND CUSTOMS ENFORCEMENT;
and the UNITED STATES OF
AMERICA,

Defendants.

CIVIL ACTION NO. 1:17-cv-05228
(NGG) (JO)

DECLARATION OF JESSE M. CAPLAN

I, Jesse M. Caplan, hereby declare the following:

1. I am General Counsel to the Executive Office of Health and Human Services (“EOHHS”) in Massachusetts.
2. I have either personal knowledge of the matters set forth below or, with respect to those matters for which I do not have personal knowledge, I have reviewed information gathered for me in my capacity as General Counsel to EOHHS.
3. EOHHS oversees MassHealth, the state Medicaid program, as well as the Department of Public Health (“DPH”).
4. It is anticipated that due to the termination of the Deferred Action for Childhood Arrivals (“DACA”) program, grantees participating in the program will lose their work authorization. In turn, those DACA grantees are likely to lose their jobs and any employer-sponsored health insurance (“ESI”) available through their employer’s benefit program.
5. Some DACA grantees who lose their ESI will be eligible for MassHealth.
6. Eligibility for MassHealth programs is determined by a combination of income, household composition, age, medical status, and citizenship or immigration status.
7. Massachusetts covers some or all of the costs associated with MassHealth, depending on the program and the immigration status of the MassHealth member.
8. Based on EOHHS’s experience working with immigrant communities, we anticipate that many DACA grantees are likely to either delay or defer healthcare visits and treatment for as long as possible, but when they do need care, are likely to go for emergency room or other urgent care services. Other DACA grantees who lose their ESI will likely rely on care from community health centers or other sources that are free or low-cost to them.

9. In each of these scenarios, Massachusetts will very likely have to cover some, if not all, of the costs of these healthcare visits, through MassHealth, the Massachusetts Health Safety Net (“HSN”), or other programs.

10. EOHHS administers the HSN, which makes payments to hospitals and community health centers for healthcare services provided to low-income Massachusetts residents who are uninsured or underinsured, irrespective of immigration status.

11. Some DACA grantees who lose their ESI will likely use providers, such as community health centers, that are funded in part by grants and other funding streams available through DPH.

12. DPH administers several programs that help cover the cost of uninsured or underinsured patients, including the Bureau of Substance Abuse Services (“BSAS”) and the Sexual and Reproductive Health Program (“SRHP”). Immigration status is not relevant to determining coverage within BSAS or SRHP.


13. Services available for coverage under BSAS include acute detoxification, stabilization, residential services, methadone maintenance, and recovery support services. More than two-thirds of the payments made by BSAS come directly from state appropriation.

14. SRHP provides funding for health care services, including gynecological and breast exams, through reimbursement for services provided by a statewide network of non-profit family planning program providers.

15. In conclusion, if DACA is terminated, the grantees’ subsequent loss of ESI will likely cause Massachusetts to incur new healthcare costs through MassHealth, the HSN, and DPH.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed this 3rd day of October 2017



Jesse M. Caplan
General Counsel
Executive Office of Health and Human Services